



**CITY OF ALBUQUERQUE
ZONING ENFORCEMENT DIVISION
SWIMMING POOL INSPECTION**

PLEASE TYPE OR PRINT. COMPLETE ALL SECTIONS.

PROPERTY TO BE INSPECTED:

ADDRESS: _____

LOT(S) / TRACT(S): _____ BLOCK(S): _____

SUBDIVISION: _____

UNIFORM PROPERTY CODE: _____

PROPERTY OWNER INFORMATION:

NAME: _____

PHONE: _____

POOL CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE 1: _____

PHONE 2: _____

FAX: _____

DATE OF PROPOSED COMPLETION: _____

WALL / FENCE (MINIMUM 6' HEIGHT REQ'D) EXISTING? ☐ YES ☐ NO

SITE PLAN ATTACHED? ☐ YES ☐ NO

SPECIAL INSTRUCTIONS:

OFFICIAL USE ONLY

APPLICATION ACCEPTED AND REVIEWED BY: _____ DATE: _____

ZONE: _____ MAP: _____ INSPECTOR ASSIGNED: _____

INSPECTION REPORT: _____

